



**Longitudinal Community Medicine and Care for Underserved Populations Experience**  
**Family Medicine Faculty Liaison: Michael Watson, MD**  
**Last review/update: 3/2017**

The Community Medicine curriculum includes a required 1-week block experience completed in the PGY-1 year followed by monthly longitudinal experiences. Training takes place at the NWFMR Family Medicine Practice, Kitsap Public Health Department, Peninsula Community Health Services, Kitsap Mental Health Services, Central Kitsap School District public schools, Kitsap County Drug Court, Kitsap Recovery Center, and various community resources providing social services in our region.

**ACGME Competencies and FM-Specific Milestones Assessed:**

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health  
✓ **PC-3**
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;
3. **Systems-Based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.  
✓ **SBP-3**
4. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;  
✓ **PBLI-2**
5. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;  
✓ **PROF-3**
6. **Interpersonal and Communication Skills** result in effective information exchange and teaming with patients, their families, and other health professionals;  
✓ **C-1**

**Family Medicine Program Requirements:**

**IV.A.5.a).(1):** *“Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.”*

**IV.A.5.a).(1).(a).(iv):** Residents must *“assess community, environmental, and family influences on health of patients.”*

## **Competency-Based Objectives and Instructional Methods**

**Rotation Goal:** Residents must develop functional understanding of local community resources for provision of healthcare, provision of healthcare-related education to various demographics, and utilization of public resources to effect population health changes. After broad exposure to available opportunities for community involvement, residents in the last 18 months of training will choose a narrower focus for their community involvement/activism.

### **A. Patient Care**

#### **Objectives**

During supervised clinical care within the outpatient Family Medicine Practice, outpatient Medical Specialty Clinics, inpatient Medical/Surgical/Obstetric wards, community-based experiences, and Central Kitsap Public Schools, residents must demonstrate ability to:

1. Integrate psychological and social aspects of patient care with appropriate biomedical treatment.
2. Adjust care based upon socioeconomic and/or demographic factors unique to patient populations in the Pacific Northwest.
3. Identify population health issues of concern within our local community and address these as relevant with individuals during care encounters.
4. Incorporate occupational and environmental health-related questions during patient interviews.
5. Craft patient-centered treatment plans and coordinate care for common conditions affecting the LGBTQ population, ethnic minority populations, and the homeless population by acting as a patient advocate and utilizing community and health system resources to optimize patient care when indicated.

#### **Instructional Methods**

1. *Direct Instruction:* with faculty attending(s) at the Family Medicine Practice during resident continuity clinics and inpatient service experiences.
2. *Direct Instruction:* with preceptors at Peninsula Community Health Services, Kitsap Mental Health Services, and Kitsap Public Health District during longitudinal experiences and select didactic sessions.
3. *Supervised Clinical Management:* Application of information to individual patient cases under guidance of FM Faculty during resident continuity clinic, inpatient care services.
4. *Modeling of Behaviors:* by precepting physicians and by Behavioral Science Coordinator during patient-care encounters.
5. *Directed Readings:* As per Section B, Instructional Methods #4

## B. Medical Knowledge

During supervised clinical care within the outpatient Family Medicine Practice, outpatient Medical Specialty Clinics, inpatient Medical/Surgical/Obstetric wards, and community-based experiences, residents must demonstrate ability to:

### Objectives

1. Explain the process for performance of community needs assessments.
2. Define FMLA, Short Term Disability, and assisting accommodation for patients under the Americans With Disabilities Act.
3. Perform an appropriate history and physical examination for a Washington State Labor and Industry claim.
4. Address infectious and environmental exposures which may be disproportionately represented within ethnic minority, homeless, and/or LGBTQ patient populations.
5. Address preventive health issues which may be unique to ethnic minority, homeless, and/or LGBTQ patient populations.

### Instructional Methods

1. *Direct Instruction:* with faculty attending(s) at the Family Medicine Practice during resident continuity clinics and select Academic Conference Sessions.
2. *Direct Instruction:* with preceptors at Peninsula Community Health Services, Kitsap Mental Health Services, and Kitsap Public Health Department during longitudinal experiences and select Academic Conference sessions.
3. *Direct Instruction:* with faculty Family Medicine attending(s) at “covered” Central Kitsap School District sporting events.
4. *Directed Readings:*
  - a. **Cross Cultural Medicine.** *American Family Physician; December 1, 2005; Volume 72, Number 11.*
  - b. **Care of the Homeless: An Overview.** *American Family Physician; April 15, 2014; Volume 89, Number 8.*
  - c. **Primary Care for Women Who Have Sex with Women.** *American Family Physician; 2017;95(5):314-321.*
  - d. **Preventive Health Care for Men Who Have Sex with Men.** *American Family Physician; June 15, 2015; Volume 91, Number 12.*
  - e. **Medical Examiners’ Handbook.** Impairment Ratings and Independent Medical Examinations in Washington State Workers’ Compensation For IME Examiners, Attending Doctors and Consultant.
  - f. **Principles to Consider for the Implementation of a Community Health Needs Assessment Process.** Sara Rosenbaum, J.D. Department of Health Policy School of Public Health and Health Services. 2013.

- g. **Conducting a Community Needs Assessment.** Compassion Capital Fund National Resource Center.
- h. **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.** Am J Prev Med 1998;14(4).
- i. [Kitsap Public Health District Website, Communicable Diseases Page](#)
- j. [Kitsap Public Health District Website, Resources for Physicians Page](#)
- k. Sally's Kitsap Community Homeless and Low-Income Resource Guide

## C. Practice Based Learning and Improvement

### Objectives

During supervised clinical care within the outpatient Family Medicine Practice, outpatient Medical Specialty Clinics, inpatient Medical/Surgical/Obstetric wards, and community-based experiences, residents must demonstrate ability to:

1. Incorporate faculty feedback into clinical/academic performance changes.
2. Utilize resources available within the Kitsap County Health Department to identify and address areas of population-based concern.
3. Utilize resources available within the local community to improve healthcare for empaneled patients.
4. Identify community resources available within the region which provide non-medical support for vulnerable populations.

### Instructional Methods

1. *Direct Instruction:* with faculty attending(s) at the Family Medicine Practice during resident continuity clinics and inpatient service experiences.
2. *Direct Instruction:* with preceptors at Peninsula Community Health Services, Kitsap Mental Health Services, Central Kitsap School District, and Kitsap Public Health Department during longitudinal experiences and select Academic Conference sessions.
3. *Supervised Clinical Management:* Application of information to individual patient cases under guidance of FM Faculty during resident continuity clinic, inpatient care services.
4. *Modeling of Behaviors:* by precepting physicians and by Behavioral Science Coordinator during patient-care encounters.
5. *Directed Readings:* As per Section B, Instructional Methods #4
6. *Community Agency Participation Experiences: (Including, but not limited to...)*
  - a. Initial experiences based upon a series of core/required encounters. During the block week in their 1<sup>st</sup> month, residents will select from the "menu" of options to round out the first 18 months of training. Prior to the midpoint of the PGY-2 year, each resident will select an experience to continue in continuity through the end of residency training.

Alcoholics Anonymous
Cascadia Treatment Center
Coffee Oasis
Communicable Disease Nurse
Community Health Assessment
Harborview HIV/AIDS Clinic
Harrison Diabetes/Nutrition Center
Headstart
Helpline House (Bainbridge)
Hollyridge
Home Visits, Children Special Needs
Housing Solutions Center
Kitsap Connects (Housing Crisis Team)
Kitsap County Drug Court
Kitsap Food Bank (or others)
Kitsap Immigration Assistance Center
Kitsap Rescue Mission
Kitsap Sexual Assault Center
Kitsap Strong
Kitsap Women's Shelter
La Leche League
Meals on Wheels
Narcotics Anonymous
Nurse Family Partnership Visits
Overeaters Anonymous
Planned Parenthood
Salvation Army
West Sound Treatment Centers
WIC
Worksource
YMCA Diabetes Prevention Program
YWCA Domestic Violence Services

#### D. Interpersonal and Communication Skills

During supervised clinical care within the outpatient Family Medicine Practice, outpatient Medical Specialty Clinics, inpatient Medical/Surgical/Obstetric wards, Central Kitsap School District and community-based experiences, residents must demonstrate ability to:

##### **Objectives**

1. Counsel patients and families effectively and compassionately across a broad range of social, economic, cultural, religious, ethnic, gender identity, and sexual orientation backgrounds.
2. Construct appropriately organized, complete, and timely progress notes or

- consultation reports when indicated.
3. Perform, with classroom teachers, collaborative education of students within classes at Central Kitsap School District.
    - a. Appropriate communication with educators;
    - b. Appropriate age-specific communication with students.

### **Instructional Methods**

1. *Direct Instruction*: with faculty attending(s) at the Family Medicine Practice during resident continuity clinics, inpatient service experiences, and observation experiences with Behavioral Science Faculty.
2. *Direct Instruction*: with preceptors at Peninsula Community Health Services, Kitsap Mental Health Services, Central Kitsap School District, and Kitsap Public Health Department during longitudinal experiences and select Academic Conference sessions.
3. *Supervised Clinical Management*: Application of information to individual patient cases under guidance of FM Faculty during resident continuity clinic, inpatient care services.
4. *Modeling of Behaviors*: by precepting physicians and by Behavioral Science Faculty during patient-care encounters.
5. *Directed Readings*: As per Section B, Instructional Methods #4

## **E. Professionalism**

### **Objectives**

During supervised clinical care within the outpatient Family Medicine Practice, outpatient Medical Specialty Clinics, inpatient Medical/Surgical/Obstetric wards, and community-based medical clinics, residents must demonstrate ability to:

1. Treat all patients with courtesy and respect, regardless of social, economic, cultural, religious, and lifestyle backgrounds.
2. Acknowledge errors when committed and demonstrate ability to analyze how to avoid future similar mistakes.
3. Demonstrate punctuality and reliability, whether in clinic, didactic sessions, or performing inpatient duties.
4. Maintain a professional appearance.
5. Complete on time all academic, experiential, and evaluative activities of the rotation.

### **Instructional Methods**

1. *Supervised Clinical Management:* Application of information to individual patient cases under guidance of FM Faculty during resident continuity clinic, inpatient care services.
2. *Modeling of Behaviors:* by precepting physicians and by Behavioral Science Coordinator during patient-care encounters.
3. *Modeling of Behaviors:* by precepting physicians and education personnel education experiences at Central Kitsap School District.

### **F. Systems Based Practice**

#### **Objectives**

During supervised clinical care within the outpatient Family Medicine Practice, outpatient Medical Specialty Clinics, inpatient Medical/Surgical/Obstetric wards, and community-based medical clinics, residents must demonstrate ability to:

1. Identify methods of improving and promoting health in the workplace.
2. Describe the process for referring a child for further testing within the school system.
3. identify community resources that offer support and education for the parents of children with special needs

#### **Instructional Methods**

1. *Direct Instruction:* with faculty attending(s) at the Family Medicine Practice during resident continuity clinics and inpatient service experiences.
2. *Direct Instruction:* with preceptors at Peninsula Community Health Services, Kitsap Mental Health Services, and Kitsap Public Health Department during longitudinal experiences and select Academic Conference sessions.
3. *Supervised Clinical Management:* Application of information to individual patient cases under guidance of FM Faculty during resident continuity clinic, inpatient care services.
4. *Modeling of Behaviors:* by precepting physicians and by Behavioral Science Coordinator during patient-care encounters.
5. *Directed Readings:* As per Section B, Instructional Methods #4

### Evaluation Activities

Residents will receive an ***incomplete*** for the rotation and will not be eligible for graduation until the following items are completed.

**1. Resident Evaluation:** *(the resident may be evaluated by several department members)*

- Interval feedback:  
Faculty and community contacts are encouraged to provide verbal feedback during resident experiences; but written feedback is required if resident at any time performs in a substandard manner. Such written feedback should be provided to the Associate Program Director or Program Director.
- Final Evaluation  
Using a rotation-specific on-line evaluation form, the Program Director or Associate Program Director will provide a final evaluation to verify completion of experiential components and required rotation hours. This evaluation will be based, in large part, upon the interval evaluations provided by contacts at individual experiential locations.
- Attendance Verification  
Documentation of attendance at didactic sessions, procedural clinics, FM continuity clinics and experiential encounters will be maintained in resident electronic and/or hard-copy training file.

**2. Documentation:** *(resident-completed by end of rotation)*

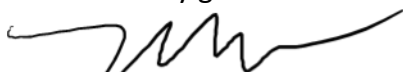
- Appropriate EHR documentation of all encounters must be completed.

**3. Staff Evaluation:** (resident-completed)

- Residents evaluate rotation faculty/staff using standard on-line evaluation form. Evaluation is to be completed within two weeks of rotation end.

**4. Rotation Evaluation:** (resident-completed)

- Resident assesses quality of the rotation on the standard rotation evaluation form (same as for rotation faculty evaluation). Evaluation must be completed prior to residency graduation.



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Program Director

5-11-2017

Date